

08/10/99

Jc600 U.S. PTO

Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 265036600070

First Inventor or Application Identifier Ryuzo Yanagimachi

Title Mammalian Transgenesis by Intracytoplasmic \*\*

Express Mail Label No. EL098131277US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- 1.
- ☒
- \* Fee Transmittal Form (e.g., PTO/SB/17)
- 
- (Submit an original and a duplicate for fee processing)

- 2.
- ☒
- Specification [Total Pages 39]
- 
- (preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

- 3.
- ☒
- Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
- 
- FORMAL

4. Oath or Declaration [Total Pages ]

- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT  
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

- 5. ☐ Microfiche Computer Program (Appendix)
- 6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

- 7. ☒ Assignment Papers (cover sheet & document(s))
- 8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
(when there is an assignee) ☐ Attorney
- 9. ☐ English Translation Document (if applicable)
- 10. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 ☐ Citations
- 11. ☐ Preliminary Amendment
- 12. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- 13. ☐ \* Small Entity ☐ Statement filed in prior application,  
Statement(s) ☐ Status still proper and desired  
(PTO/SB/09-12)
- 14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- 15. ☒ Other: Check #1312926 \$389.00  
Check #1312953 \$40.00

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Barbara E. Arndt				
	JONES, DAY, REAVIS & POGUE				
Address	North Point				
	901 Lakeside Avenue				
City	Cleveland	State	Ohio	Zip Code	44114
Country	U.S.	Telephone	(216) 586-7575	Fax	(216) 579-0212

Name (Print/Type)	Barbara E. Arndt	Registration No. (Attorney/Agent)	37,768
Signature	<i>Barbara E. Arndt</i>	Date	August 10, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

\*\* Sperm Injection

08/10/99

15668 U.S. PTO

Express Mail #EL098131277US

PTO/SB/17 (6/99)

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**FEE TRANSMITTAL  
for FY 1999**

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**429.00****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Ryuzo Yanagimachi
Examiner Name	
Group / Art Unit	
Attorney Docket No.	265036600070

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **10-1202**Deposit Account Name **JONES DAY REAVIS & POGUE**

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	760	201	380	Utility filing fee	<b>380.</b>
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**380.****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
<b>21</b>	<b>-20** = 1</b>	<b>X 9 = 9</b>	<b>9.</b>
Independent Claims	<b>2</b>	<b>-3** = 0</b>	<b>X = -</b>
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**9.****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	<b>40.</b>
146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40.****SUBMITTED BY**

Name (Print/Type)	Barbara E. Arndt	Registration No. (Attorney/Agent)	37,768	Telephone	(216) 586-7575
Signature	<i>Barbara E. Arndt</i>	Date	August 10, 1999		

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